

## MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 107 **0013838** DATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maplewood</u>		c. CITY OR TOWN <u>UNION</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>7255 Gayola Place</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. # 2 WASHINGTON</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>FREDERICK</u> Last <u>HEMAN</u>		4. DATE OF DEATH Month <u>MAR.</u> Day <u>16</u> Year <u>1965</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 9, 1875</u>
9. AGE (last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		12. BIRTHPLACE (City and state or country) <u>R.R. WASHINGTON, MO.</u>	
13a. FATHER'S NAME <u>LOUIS HEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>WILKE</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		15. INFORMANT Address <u>MISS EDNA HEMAN</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>January 1965</u> to <u>3-16-65</u> and last saw him alive on <u>3-15-65</u> Death occurred at <u>10:50</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles A. Duden</u> (Degree or title)		22b. ADDRESS <u>3720 Washington Ave.</u>	
22c. DATE SIGNED <u>3-17-65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAR. 19, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S MANTLES CEM.</u>	
23d. LOCATION (City, town, or county) <u>UNION, MO.</u>		23e. DATE RECD. BY LOCAL REG. <u>3-17-65</u>	
24. FUNERAL DIRECTOR <u>OLTMANN FUNERAL HOME</u>		25. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.